

No. W 11604

Due no later than March 31, 2009

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JGCL FAMILY LLC
JAMES G PORTER
1000 W HARVEST MOON
COEUR D ALENE, ID 83815GRACE E PORTER
1000 W HARVEST MOON AVE
COEUR D ALENE, ID 83815**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office heldNameStreet or P.O. AddressCityStateZip

MANAGER GRACE E. PORTER 1000 W. HARVEST MOON COEUR D'ALENE ID 83815

MEMBER CHRISTY J. MCANALLY 7434 BEDFORD LANE COEUR D'ALENE ID 83815

MEMBER LAURA L. FIFIELD 1826 N. SALMON RIVER SPOKANE VALLEY WA 99016

5. Organized Under the Laws of:

IDAHO
W 11604

6.

Signature

Grace E. Porter

Date

1/12/09

Name (Typed or Printed)

GRACE E. PORTER

Title

MANAGER

Issued 01/05/2009

Do Not Tape or Staple

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